STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

RECEIVED

PLEASE PRINT

ATA 25 2017

| I. Name of Lobl | byist(s) | KK A. | LAMBER | 27 | NEW HAMPSHIRE |
|----------------------------------|---|----------------|--------------------|-----------------------------|---|
| II Name of lobb | byist's partnersh | in firm or co | ernoration if an | v• | DEPARTMENT OF STATE |
| | | ip, mim or co | or poracion, ir an | y • | |
| UNITIC C | (Name of partners | hin firm or on | moration) | | |
| | • | | poration | | |
| | Y LANE WE | 55T, HA | MAN CONTRA | 03842 | (7: 6.1) |
| Business Address: | (Street) | | (Town/City) | (State | (Zip Code) |
| (64) 773 · 6 (Teleph | | (603) | 773 · 66 (Fax) | 70 e-mail <u>∠</u> A | MBERT@UNITIL.COM |
| | ent covers: (Choonse transactions | | | | you may file a separate report for |
| All reportabl | le transactions occ | urring in the | months prior to th | ne reporting date relat | ive to the following client: |
| | UNITIL GO | RYS RATT | on the Leb | byist Registration Form | |
| <u>OR</u> | (Full Name | of Chent as it | appears on the Loo | byist Registration Form |) |
| ☐ All reportable | e transactions by t particular client. | he lobbyist (i | ncluding the lobb | yist's family), or the | obbying firm listed below which are |
| IV. Date of Rep | ort April 26 | 2017 🗹 | | July 26, 2017 | |
| Reports cover: | activity from date | | to 3/31/17 | activity from 4/1/17 to | |
| - | October 2 | 25, 2017 | | January 31, 2 | 018 🗆 |
| | | 7/1/17 to 9/30 | /17 | activity from 10/1/17 | to 12/31/17 |
| | cked, complete jus | | | | since the last report. Office, State House, Room 204, |
| VI Chack if add | ditional reports a | re attached: | | | |
| | - | | ures, vou must fil | e Addendum A- Fee | s and Expenses |
| | paid an honorariu | | | | B- Report of Honorariums or |
| , | | ily has made | political contribu | tions, you must file A | ddendum C- Political Contributions |
| I have read RSA | nt/Affirmation by 15, RSA 15-B, R the best of my km | SA 14-C and | | | hat the foregoing information is true |
| (Signature of Io | | | | 7/20/1 | (Date) |
| (Signature of 10) | ooyisi) | | | | (Daic) |
| MARK LAN | MEERT | | | | |
| (Print Name of | lobbyist) | | | | |

S P I

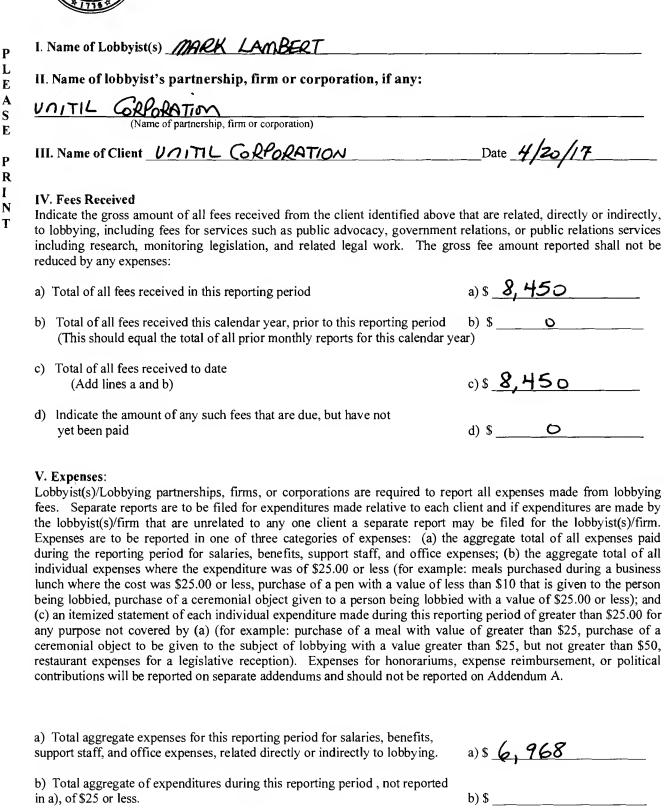
in a), of \$25 or less.

c) Total of all itemized expenditures reported in detail in section VI.

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)



| d) Total expenses for this reporting period (Add lines a, b and c) | d)\$ 7,018 |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$ <i>O</i> |
| f) Total of all expenses year to date | f) \$ 7,018 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from l period, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| 1/17/17 LOBBYING REGISTRATION-STATE OF NH | \$ <u>50.00</u> |
| <i>'</i> | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief. | m that the foregoing information |
| (Signature of 1000yisi) | 4/20/17 |
| (olgnature of loodylst) | (Date) |
| (Print Name of lobbyist) | |
| (1 Till Ivalie of 1000y 18t) | |

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| III. Name of Client <u>VOITIL GRAR</u> | Date 4/20/17 |
|---|--|
| Political Contributions For each political contribution that is reportal client/lobbyist and lobbying firm, indicate the | ble pursuant to RSA Chapter 664 paid on behalf of the e following: |
| Full name of candidate: CounTEE TO (Last Name) | 6 FIECT HOUSE OFMOCRATS (First Name) (Middle Name/Initial) |
| Amount of contribution \$ 500 | Office Candidate is Seeking NH House |
| | vide a description of the goods or services provided, and enter the above for amount of contribution. If the actual cost is not known, |
| Full name of candidate: NH SENATS | DEMOCRATIC CAUCUS |
| Full name of candidate: NH SENATE (Last Name) | DEMOCRATIC CAUCUS (First Name) (Middle Name/Initial) |
| (Last Name) | DEMOCRATIC CAUCUS (First Name) (Middle Name/Initial) Office Candidate is Seeking NH SENATE |
| (Last Name) Amount of contribution \$ 500 If the contribution is an in-kind contribution, provactual cost of the in-kind contribution on the line | Office Candidate is Seeking NH SEVATE. vide a description of the goods or services provided, and enter the above for amount of contribution. If the actual cost is not known. |
| (Last Name) Amount of contribution \$ 500 If the contribution is an in-kind contribution, provactual cost of the in-kind contribution on the line | Office Candidate is Seeking NH SEVATE. vide a description of the goods or services provided, and enter the above for amount of contribution. If the actual cost is not known |
| Amount of contribution \$ 500 If the contribution is an in-kind contribution, prov | Office Candidate is Seeking NH SEVATE vide a description of the goods or services provided, and enter the above for amount of contribution. If the actual cost is not known |



STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)



| Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the Elient/lobbyist and lobbying firm, indicate the following: Full name of candidate: Amount of contribution \$ 100 | (Name of Portnership, firm or corporation) III. Name of Client Unition | | Date 4/20/17 |
|--|---|--|--|
| (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking Senate DISTRICT If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: AVADO (Last Name) (Eyin) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking SENATE DISTRICT If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, | Political Contributions For each political contribution that is reportable | e pursuant to RSA Chap | , , |
| Amount of contribution \$ 100 Office Candidate is Seeking Seate DISTRICT If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: AVACO KEVIN (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking Seate DISTRICT If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, | | And Y (First Name) | (Middle Name/Initial) |
| Full name of candidate: AVACO (Last Name) (First Name) (Middle Name/Initial) Office Candidate is Seeking SENATE DISTRICT (If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost is not known, enter an estimated value and the word "estimate." Full name of candidate: (Middle Name/Initial) Office Candidate is Seeking SENATE DISTRICT (If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, | , | Office Candidate is | |
| (Last Name) (First Name) (Middle Name/Initial) Amount of contribution \$ 100 Office Candidate is Seeking SENTE DISTRICT If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, | | ove for amount of contribu | ition. If the actual cost is not known, |
| f the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, | enter an estimated value and the word "estimate." | | |
| actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, | Full name of candidate: | KEVIN | |
| | Full name of candidate: AVACO (Last Name) | KEVIN (First Name) | (Middle Name/Initial) |
| (Last Name) (First Name) (Middle Name/Initial) | Full name of candidate: AVACO (Last Name) Amount of contribution \$ 100 If the contribution is an in-kind contribution, provide actual cost of the in-kind contribution on the line aborenter an estimated value and the word "estimate." Full name of candidate: Woodbor | (First Name) Office Candidate is a description of the good ove for amount of contribu | (Middle Name/Initial) Seeking SENATE DISTRICT Is or services provided, and enter the |

| e goods or services provided, and enter the ontribution. If the actual cost is not known. |
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| |
| separate addendum C forms.) |
| |
| or affirm that the foregoing information |
| |
| ./ / |
| 4/20/17 |
| (Date) |
| |
| |
| S |

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

| fame of Lobbying partnership, firm, or corporation: UNITIC CORRESTION fame of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any articular client): |
|--|
| Pate of Report (check one): |
| April 26, 2017 |
| have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): |
| Addendum A(s). |
| Addendum B(s). |
| Addendum C(s). |
| hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and omplete to the best of my knowledge and belief. |
| Signature of lobbyist) 4-20-17 (Date) |
| Print Name of lobbyist) |